

ATTACHMENT 1

Reading the paper Medicaid Remittance and Status Report

The Medicaid Remittance and Status Report (R/S) is sent each week to providers that had at least one claim finalized. The R/S Report is the best tool for interpreting Medicaid claim payments and denials to determine what follow-up action may be needed by the provider.

The following item-by-item description explains the basic information that always appears on the R/S Report. Refer to Attachment 2 of this *Wisconsin Medicaid and BadgerCare Update* for a sample R/S Report with key items highlighted.

Note: Financial items and identifying information may also appear on the report to acknowledge special transactions such as voluntary refunds by the provider or any Medicaid check that is outstanding beyond 90 days. Pharmacy Point-of-Sale real-time denied claims are not included on the R/S Report for Wisconsin Medicaid and SeniorCare.

Banner Page

Wisconsin Medicaid advises providers to read the banner page for important time-sensitive information that may apply to all providers or to specific provider groups. The page may include information on Medicaid-initiated adjustments, claims submission deadlines, and upcoming seminars. Providers should also maintain the banner page with the entire R/S Report. Providers can also view the banner page by accessing the Wisconsin Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

Header Information

1H. Provider Name and Address

Indicates the name and address of the billing provider's payee as indicated on the Wisconsin Medicaid file. The payee's name and address is used for tax purposes on the 1099. (This is not necessarily the name of the billing provider.)

2H. R/S Number

Indicates the R/S Report number.

3H. Provider Number

Indicates the billing provider's eight-digit Medicaid provider number from the claim or adjustment.

4H. Date

Indicates the date the R/S Report and check were printed.

5H. Page

Indicates the page number for this R/S Report. Paid/denied claim information generally starts on page 2.

6H. Report Number

Indicates the number of R/S Reports the provider has received in the current calendar year.

Paid or Denied Claim Adjustment Information

Review and verify the accuracy of individual claim information and determine appropriate follow-up action — these are key items that could affect payment or denial.

1A. Patient Name

Indicates the recipient's last name and first name (or first initial). The recipient's most current name on the Medicaid eligibility file will always appear on the R/S Report. If the recipient has changed names, the name on the R/S Report will not necessarily be the name on the claim submitted by the provider.

2A. Patient Identification No.

Indicates the recipient's ten-digit Medicaid identification number.

3A. Medical Record No.

Indicates the first 18 characters of the recipient's medical record number as recorded on the Medicaid claim or adjustment request.

4A. Patient Control Number

Indicates the recipient's account number as recorded on the Medicaid claim.

5A. Claim Number

Indicates the unique 15-digit number assigned by Wisconsin Medicaid to the claim or adjustment. Refer to the Claims Submission section of the All-Provider Handbook for an explanation of the claim number. The region "98" no longer applies.

6A. Service Dates

Indicates the dates of service (or date range) corresponding to when the service(s) was provided.

7A. UD (when applicable)

Gives the unit dose indicator as recorded on the Medicaid drug claim.

8A. NS (when applicable)

Gives the no substitute indicator as recorded on the Medicaid drug claim.

9A. Perf Prov/Rx Number (when applicable)

Indicates the performing provider number of the provider who performed the service or the prescription number.

10A. Days/Qty

Indicates the number of units, services, accommodation days, or supply quantity billed.

11A. Proc/Accom/Drug Cde/M1 M2 M3 M4

Provides the procedure code for the service(s) provided. Modifiers may also be indicated following the code.

12A. Procedure/Accommodation/Drug Description

Provides the procedure code description of the service(s) provided.

13A. Total Billed

Indicates the total billed charges for the service(s) shown on that line for claims or adjustments.

14A. Total Allowed

Indicates the Medicaid payment allowance (determined according to appropriate reimbursement criteria).

15A. Other Deducted Charges (when applicable)

Indicates the charges deducted from the total allowed for reasons such as other insurance payment or patient liability (hospice and nursing home claims).

16A. Copay (when applicable)

Indicates the recipient Medicaid copayment amount deducted from total allowed amount.

17A. Paid Amount

Indicates the actual amount paid by Wisconsin Medicaid.

18A. EOB Codes

Indicates the numeric Medicaid proprietary Explanation of Benefits (EOB) code that corresponds to a printed message about the disposition of the claim or adjustment. (A list of the EOB codes used, with their narrative description, appears on the last page of the R/S Report.)

1R. Reminder

Wisconsin Medicaid checks cannot be cashed after 180 days.

Payment Summary Information

1P. Claims Payment Summary

Indicates the amount of the actual Medicaid payment made in this week's check.

2P. Claims Paid

- a. Current Processed — Indicates the total number of claims processed on this R/S Report.
- b. Year-to-Date Total — Indicates the total number of claims processed since the beginning of the calendar year.

3P. Claims Amount

- a. Current Processed — Indicates the total dollar amount for the claims paid on this R/S Report.
- b. Year-to-Date Total — Indicates the total actual claims payments since the beginning of the calendar year.

4P. Withheld Amount

- a. Current Processed — Indicates the dollar amount of any withheld payments (e.g., negative adjustments) on this R/S Report.
- b. Year-to-Date Total — Indicates the dollar amount of payments withheld (e.g., negative adjustments) since the beginning of the calendar year.

5P. Credit Amount

- a. Current Processed — Indicates the dollar amount of any voluntary refunds dispositioned in the previous week.
- b. Year-to-Date Total — Indicates the dollar amount of voluntary refunds dispositioned since the beginning of the calendar year.

6P. Net 1099 Amount

- a. Current Processed — Indicates the net earnings for the claims shown on this R/S Report.
- b. Year-to-Date Total — Indicates the net earnings calculated from the beginning of the calendar year.